

FLATHEAD COUNTY, MONTANA

Position Vacancy Announcement



POSITION: DEPUTY SHERIFF

DEPARTMENT: SHERIFF'S OFFICE PHONE NO. 758-5570

NUMBER POSITIONS OPEN: There could be up to 6 openings in the next calendar year. This testing is to establish a list of qualified applicants to hire from during that time period.

X FULL TIME X PERMANENT DATE OPENED: March 30, 2009

 PART TIME TEMPORARY DATE CLOSED: May 8, 2009

RANGE: 1 SALARY: \$45,283.99/annually; \$21.77/hour

TYPING TEST REQUIRED: No Yes X = 25 net words per minute

PLEASE NOTE: Any required typing or skill test must be completed before the position closing date and the certificate must be attached to your application. Please contact the Flathead Job Service Workforce Center for information on how to complete the required test(s).

EXAMPLE OF DUTIES/COMMENTS:
SEE ATTACHED.

APPLICATION FORMS FOR THIS POSITION CAN BE OBTAINED AT:

Flathead Job Service Workforce Center
427 1st Avenue East
Kalispell MT 59901

OR ON FLATHEAD COUNTY'S WEB SITE:

http://flathead.mt.gov/human_resources/jobs.php

ALL COMPLETED APPLICATIONS MUST BE RETURNED TO FLATHEAD JOB SERVICE WORKFORCE CENTER BY 5:00 P.M. ON THE CLOSING DATE

For applications submitted by fax, the signed original must be delivered to the Flathead Job Service Workforce Center within 5 business days.

IF YOU HAVE QUESTIONS ABOUT THIS OPENING Call: 758-5570 between 8 am and 10 am Monday – Friday

FLATHEAD COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

QUALIFICATIONS FOR DEPUTY SHERIFF

Required Knowledge, Skills and Abilities

Applicant must have good oral and written communication skills coupled with computer literacy, including typing. The ability to learn quickly, solve problems and good judgement while acting under pressure is mandatory. Applicant must have acute observational skills, be self-motivated and assertive. Integrity and good interpersonal skills are imperative.

Special Qualifications

1. Must be at least 18 years of age to take the written examination, but must be at least 21 years of age to be hired. There is no maximum age limit.
2. Applicant must have a high school diploma or equivalent.
3. Applicant must be in possession of a valid drivers license and able to obtain a Montana drivers license before hiring date. A poor driving record as evidenced by accident(s) in which the applicant is at fault or driving citations are grounds for disqualification.
4. Must be a citizen of the United States and in possession of a social security card.
5. All applicants who have been convicted of a criminal offense may be disqualified. A habitual law violator will also be disqualified. Circumstances surrounding all arrests and convictions will be carefully considered and evaluated in determining the fitness of the candidate for employment. Conviction of a felony will be grounds for automatic disqualification.
6. Indebtedness may be grounds for disqualification when the indebtedness is considered as evidence of an individual's lack of character or good judgment.
7. Applicants must complete a typing test with a 25 word per minute net score. The typing test must be turned in with the application. Information on obtaining and completing the typing test may be obtained from the Montana Job Service at the link provided on page 1 of this application.

Examination Requirements

8. All applicants must successfully pass written, physical fitness, and drug tests.
9. The procedure for the physical fitness test is attached. The “Waiver of Responsibility” form must be included in your application. **Applications received without this form will not be considered.**
10. The written test may be waived for applicants who are prior POST certified.
11. The physical fitness test may be waived if the applicant has passed the Montana POST test at the **40th percentile** within the past six months.
12. Applicants must request their scores from the Montana Board of Crime Control (444-3604) be sent directly to the Flathead County Sheriff. **There will be no exceptions.**

Investigation of Applicant

Each applicant must sign the attached waiver, waiving any objections to a full investigation of their past by the Flathead County Sheriff's Office. **Applications received without this waiver will not be considered.**

IMPORTANT INFORMATION

All applicants must pass the Montana POST written exam and a physical fitness test. The written exam will be waived for current POST certified individuals. Waivers must be requested during the initial application. Applicants must request their scores from Montana Board of Crime Control at 406-444-3604.

All applicants are required to check in Tuesday, May 12, 2009 at 8:00 a.m. in the basement of the Justice Building, 920 South Main, Kalispell.

The POST written test will be given at that time. Those not needing to take the POST written test will be given further instructions at that time. The POST physical test will be given following the written test. The written test starts promptly at 8:30 a.m. Applicants will not be allowed to enter the test room after this time.

Applicants should bring appropriate athletic attire. The gym locker rooms will be available for applicant's use.

Initial interviews for all applicants who pass both tests will be held May 13th and 14th at the Justice Center. Interview times will be assigned after completion and screening of applicants who successfully complete the required testing process.

STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

*LATE, INCOMPLETE, or UNSIGNED applications will **NOT** be considered.*

This agency is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference insert.

1.	Name	_____
		<i>Last First MI</i>
2.	Social Security Number	_____
3.	Address	_____
		<i>Street</i>

		<i>City State Zip Code</i>
4.	Phone No. ()	()
	Work	Home
5.	E-mail address	_____
6.	Do you have a valid Driver's License?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*My signature below certifies that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from considerations for employment, or if hired, may be grounds for termination at a later date. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.***

SIGNATURE: _____ **DATE SIGNED:** _____

7. EDUCATION

A. High School Name: _____

C. Address of High School Awarding
Diploma or Equivalency Certificate:

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If "NONE", Highest Grade Completed _____

D.	College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field
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E.	Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours
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8. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address of Licensing Agency	Type of License	Endorsement/Restriction (if Applicable)	Date Licensed
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9. SPECIAL SKILLS -- Check the skills you possess. Specify speed/errors where requested.

☐ Typing ____ / ____

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Computer Software _____

☐ Other (List in Section #11 of this form)

☐ Computer Languages (specify) _____

10. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) Continue in Section #11 if more space is needed.

- 11. EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? ☐ YES ☐ NO

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____ / ____ / ____ to ____ / ____ / ____
	_____	Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____ / ____ / ____ to ____ / ____ / ____
	_____	Average Hrs. Per Week _____

Your Job Title _____ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) _____ Phone Number (____) _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____ / ____ / ____ to ____ / ____ / ____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____ / ____ / ____ to ____ / ____ / ____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____ / ____ / ____ to ____ / ____ / ____
	_____	Average Hrs. Per Week _____
Your Job Title _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Immediate Supervisor(s) _____		Phone Number (____) _____
Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)		

Reason for Leaving: _____		

- 12. CONTINUATION / EXPLANATIONS (refer to the item number being continued or explained)**

[illegible]

- 13. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT**

[illegible]

**FLATHEAD COUNTY SHERIFF'S OFFICE
PHYSICAL FITNESS TEST
DEPUTY APPLICANTS**

The Flathead County Sheriff Office physical fitness test consists of three areas:

1. Aerobic Capacity
2. Strength
3. Flexibility

These four fitness areas have been shown to be predictive of job performance ratings and sick time for law enforcement officers at 40th percentile of the Cooper fitness test.

You will be required to perform the following:

1. **Sit-Ups** - The score is the number of sit-ups properly performed in one minute.
2. **Push-Ups** - The score is the number of correct push-ups performed in one minute.
3. **Sit and Reach** - The score is the inches reached, with fifteen inches being at the toes and one inch being near your knees.
4. **1.5 Mile Run** - The score is in minutes and seconds

The applicant must pass every test using the performance requirements below:

AGE	Males					Females			
	20-29	30-39	40-49	50-59		20-29	30-39	40-49	50-59
Sit-ups	38	35	29	24		32	25	20	14
Push-ups	29	24	18	13		15	11	9	*
					Modified P.U.	23	19	13	12
1.5 Mile Run	12:29	12:53	13:50	15:14		15:05	15:56	17:11	19:10
Sit & Reach	16.5	15.5	14.3	13.3		19.3	18.3	17.3	16.8
* Must do Modified Push Ups									

WAIVER OF RESPONSIBILITY

I, _____, understand that as part of my application process, I will be required to participate in a strenuous physical fitness test. I hereby agree that I will not hold the Flathead County Sheriffs Office or its representatives liable for any injury or damages that may be the result of my participation in this test.

OR

I have called MBCC and my scores for the written ____ and / or the physical ____ tests will be forwarded by MBCC.

Applicant Signature

Date

RELEASE FOR INFORMATION

TO WHOM IT MAY CONCERN

I have applied for a position with the Flathead County Sheriffs Office. In connection with that application, I hereby authorize the Flathead County Sheriffs Office to obtain any records available which refer to my credit history, educational background, medical and mental health history, military service and criminal history.

I hereby authorize any person or agency which receives this release from the Flathead County Sheriffs Office, to release any information concerning me that is maintained in said persons or agency's files including information of a confidential or privileged nature. I hereby release any person or agency which releases such information to the Flathead County Sheriffs Office, and the Flathead County Sheriffs Office from any liability or damage which may result from furnishing the information requested.

I understand that any information discovered or communicated to the investigator or agent conducting this background investigation suggesting possible criminal behavior shall be promptly communicated to the appropriate jurisdictional investigating agency.

I authorize and release any and all information related to any agreement, understanding, memoranda, or contract, verbal or written, and that any previous employer is released from liability for releasing any documents, recordings, images, or digital data related to the factual circumstances of my separation from employment with any previous employer.

Please furnish any information concerning the below named individual to the following address:

Flathead County Sheriff
800 South Main
Kalispell, MT 59901

Applicant's Signature

Date Signed

Printed Name

Social Security Number

Street Address

Date of Birth

City State Zip

Place of Birth

Name _____ Social Security Number _____

Position Applied For _____

Job Title	Position No.	Department Name
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To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U. S. Citizen and (check one of the boxes below):

- ☐ **A Veteran, if**
1. You have been separated under honorable conditions, AND
 2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
- ☐ **A Disabled Veteran, if**
1. you have been separated under honorable conditions from active duty, AND
 2. you have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.
- ☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.
- ☐ **The unremarried surviving spouse of a veteran or disabled veteran.**
- ☐ **The mother of a veteran, if**
1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND
 2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

- ☐ **A person with a disability** certified by SRS, OR
- ☐ **The spouse** of a totally (100%) disabled person certified by SRS, AND Resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document the preference request.**

- ☐ DD-214 ☐ SRS Certification ☐ Other _____
 (Specify)

SIGNATURE _____

DATE SIGNED _____